24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 4 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
Values are Vital	C C00552422		
	M = M / D = D / Y = Y = Y		
Check if 24-hour report X 48-hour report New report	Amends report filed on		
Full Name of Payee Jamestown Associates	Date of Public Distribution/Dissemination		
	M M / D D / Y Y Y Y		
Mailing Address 5 Mapleton Road	Amount		
Suite 300 City State Zip C	Code 117774.00		
Princeton NJ 0854			
Purpose of Expenditure	Date of Disbursement or Obligation		
TV Buy	regory/ Type 004 03 27 2014		
Name of Federal Candidate	Support Office Sought: X House District: 19		
CURTIS J CLAWSON	Oppose President Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought 779389	Disbursement For: Primary General 9.14		
Tel Election for Cinec Gought	Other (specify) ▶ Special-Primary		
Full Name of Payee Jamestown Associates	Date of Public Distribution/Dissemination		
Mailing Address 5 Manleton Road			
5 Mapleton Road Suite 300	Amount		
City State Zip C	Code 2226.00		
Princeton NJ 0854	Transaction ID : SE.4244 Date of Disbursement or Obligation		
Purpose of Expenditure Radio Buy Cate	egory/ 004 M / D D / Y Y Y Y		
	Type		
Name of Federal Candidate CURTIS J CLAWSON	Support Office Sought: House District: 19		
OKTIO V OLAWOON	Oppose President Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought 78	Disbursement For: Primary General 2014 Cother (specify) Special-Primary		
(a) SUBTOTAL of Itemized Independent Expenditures	120000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures)		
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert			
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ronald M Firman [Electronically i	Filed] Date 03 28 2014		
Signature			

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 4 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	IDENTIFICATION NUMBER ▼		
Values are Vital	C00552422		
Check if 24-hour report			
Full Name of Payee Jamestown Associates Date of Put	blic Distribution/Dissemination		
Mailing Address 5 Mapleton Road			
Suite 300			
City State Zip Code	15699.50		
Princeton NJ 08540 Transaction	n ID : SE.4245 sbursement or Obligation		
Purpose of Expenditure Radio Buy Category/ Type 004 03	28 / 2014		
Name of Federal Candidate Support Office Sought:	House District:19		
PAIGE VANIER Vanier KREEGEL Oppose President	Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2014 Other (
Full Name of Payee Jamestown Associates Date of Pul	blic Distribution/Dissemination		
Mailing Address 5 Mapleton Road Amount			
Suite 300			
City State Zip Code	15699.50		
	n ID: SE.4246 sbursement or Obligation		
Radio Buy Category/ Type O04 O3	28 Y 2014		
Name of Federal Candidate Support Office Sought:	X House District: 19		
CURTIS J CLAWSON	Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought Disbursement For 2014 Other (_ ,		
(a) SUBTOTAL of Itemized Independent Expenditures	31399.00		
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 47 1 47		
(c) TOTAL Independent Expenditures	7 1 7 1 7		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ronald M Firman [Electronically Filed] Date 03 28			

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	PAGE 3 OF 4 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
Values are Vital	C C00552422		
Check if 24-hour report X 48-hour report New report Amends re	port filed on		
Full Name of Payee Morado & Associates, LLC	Date of Public Distribution/Dissemination		
Mailing Address 1217 E Cape Coral Parkway			
PMB #160	Amount		
City State Zip Code	3333.33		
Cape Coral FL 33904	Transaction ID: SE.4247 Date of Disbursement or Obligation		
Purpose of Expenditure Internet Media Buy Category/ Type 00	M M / D D / Y Y Y Y		
Name of Federal Candidate Support	Office Sought: House District: 19		
LIZBETH BENACQUISTO Oppose	President Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought 819680.81	Disbursement For: Primary General 2014		
	Other (specify) ▶ Special-Primary		
Full Name of Payee Morado & Associates, LLC	Date of Public Distribution/Dissemination		
Mailing Address 1217 E Cape Coral Parkway			
PMB #160	Amount		
City State Zip Code	3333.33		
Cape Coral FL 33904	Transaction ID : SE.4248 Date of Disbursement or Obligation		
Purpose of Expenditure Internet Media Buy Category/ Type 00	4 03 / 28 / 2014		
Name of Federal Candidate Support	Office Sought:		
CURTIS J CLAWSON Oppose	President Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014 ✓ Other (specify) ► Special-Primary		
(a) SUBTOTAL of Itemized Independent Expenditures	6666.66		
(b) SUBTOTAL of Unitemized Independent Expenditures	···· >		
(c) TOTAL Independent Expenditures	····· >		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ronald M Firman [Electronically Filed] Da	ate 03 28 2014		
Signature			

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)		PAGE 4 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Values are Vital		C C00552422
Check if 24-hour report X 48-hour report New report	Amends report fi	led on Mam / Dab / Yayayay
Full Name of Payee Morado & Associates LLC		Date of Public Distribution/Dissemination
Mailing Address 1217 E Cape Coral Parkway		Amount
PMB 160		
1	Code 904	3333.34 Transaction ID : SE.4249 Date of Disbursement or Obligation
Purpose of Expenditure Internet Media Buy	ategory/ Type 004	03 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support Of	fice Sought: X House District: 19
PAIGE VANIER Vanier KREEGEL	Oppose [President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 8163		sbursement For: Primary General 14
Full Name of Payee		Date of Public Distribution/Dissemination
Mailing Address		M = M / D = D / Y = Y = Y
		Amount
City State Zip	Code	
Durance of Europe distance		Date of Disbursement or Obligation
Purpose of Expenditure Ca	ategory/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate	Support O	ffice Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Di	sbursement For:
	1	
(a) SUBTOTAL of Itemized Independent Expenditures	·····	3333.34
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	161399.00
Under penalty of perjury I certify that the independent expenditures repwith, or at the request or suggestion of, any candidate or authorized corparty committee) any political party committee or its agent.		
Ronald M Firman [Electronical]	y Filed] Date	03
Signature		